

(Insert District/Charter Name here)
Applicant Authorization to Release DOT Drug/Alcohol Test Results

Applicant Name: _____ Applicant Social Security Number: _____

As an applicant, I understand that as a condition of hire with **(Insert District/Charter here)**, I must consent to the release of all Department of Transportation (DOT) mandated drug and alcohol information from **all previous employers (each on separate forms)** for which I worked in a DOT safety-sensitive position, or for which I took a DOT pre-employment drug test, during the previous two years.

I hereby authorize release of information from my DOT regulated drug and alcohol testing records by my previous employer, listed below, to the **(Insert District/Charter here)**. This release is in accordance with DOT Regulation 49 CFR Part 40, Section 40.25. I understand that information to be released by my previous employer, is limited to the following DOT-regulated testing items:

1. Alcohol tests with a result of 0.04 or higher alcohol concentration;
2. Verified positive drug tests;
3. Refusals to be tested (including verified adulterated or substituted drug test results);
4. Other violations of DOT agency drug and alcohol testing regulations;
5. Information obtained from previous employers of a drug and alcohol rule violation;
6. Documentation, if any, of completion of the return-to-duty process following a rule violation.

In signing below, I acknowledge that I have read and fully understand this authorization. I further certify that all of the information I have furnished on this form is true and complete.

- ☐ Check this box if you have NOT performed DOT functions in the past two years.
- ☐ Check this box if you have tested positive, or refused to test, on any DOT pre-employment drug or alcohol test for an employer who did not hire you during the past two years.

Applicant Signature: _____ Date: _____

Previous Employer Information

Previous Employer Name: _____

Address: _____

Phone #: _____ Fax #: _____

Dates of Employment: _____

RELEASE OF PREVIOUS EMPLOYER'S DOT DRUG/TESTING RESULTS

(To be completed by the previous employer and transmitted by mail or fax to **(insert District/Charter here))**

In the two years prior to the date of this request, for DOT-regulated testing:

- | | |
|---|----------------|
| 1. Did the employee have alcohol tests with a result of 0.04 or higher? | YES ___ NO ___ |
| 2. Did the employee have verified positive drug tests? | YES ___ NO ___ |
| 3. Did the employee refuse to be tested? | YES ___ NO ___ |
| 4. Did the employee have other violations of DOT agency drug and alcohol testing regulations? | YES ___ NO ___ |
| 5. Did a previous employer report a drug and alcohol rule violation to you? | YES ___ NO ___ |
| 6. If you answered yes to any of the above items, did the employee complete the return-to-duty process? | YES ___ NO ___ |

NOTE: If you answered yes to item 5, you must provide the previous employer's report. If you answered yes to item 6, you must also transmit the appropriate return-to-duty documentation (e.g., SAP report(s), follow-up testing record).

Previous Employer's Company: _____

Name of Person Completing Form: _____ Date: _____

Return Completed Form by mail to: **(Insert District/Charter mailing address here)**

OR by fax **(Insert District/Charter fax number here)**